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	08 Jan 2. ED
	SOUTHERN DISTRICT COURT
•	By:
	OEPUTY.
	UNITED STATES DISTRICT COURT
· (SOUTHERN DISTRICT OF CALIFORNIA
10	CARLA, BEMSON '08 CV 0192 LAB AJB
1	Civil No.
13) COUNSEL UNDER THE CIVIL RIGHTS
13	DECLARATION IN SUPPORT OF
1:	4 3 REQUEST
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. 19	
20	B. I have made a reasonably diligent effort to obtain counsel, and
21	C. I am unable to find an attorney willing to represent me on terms that I can
22	
23	Determine Equal Opportunity
24	and a decompanies this request for counsel.
25	To the same restrict of regime to the better show that the Commission round in
26 27	your charge were true:
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20	
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IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B AND C. B. Do you question the correctness of the Commission's "no reasonable cause" determination? Yes C. If you answered "yes" to question 3B, what are your reasons for questioning the Commission's determination? Be specific and support your objections with fact. Do not simply repeat the allegations made in your complaint; the court will review your complaint in considering this request for counsel. (Attach additional sheets as needed) ::ODMA\PCDOCS\WORDPERFECT\23126\L May 27, 1999 (3:47pm)

If "YES," give the following information about each attorney with whom you Attorney: When: Where: How (by telephone, in person, etc.): Why attorney was not employed to handle your claim:	u talked:
Attorney: When: Where: How (by telephone, in person, etc.): Why attorney was not employed to handle your claim:	
Where: How (by telephone, in person, etc.): Why attorney was not employed to handle your claim:	
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ow (by telephone, in person, etc.):	
hy attorney was not employed to handle your claim:	
my attorney was not employed to handle your claim:	
	•

1	5. Explain any other efforts you have made to contact an attorney to handle your claim:
2	1/4
. 3	
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6	6. Give any other information which supports your application for the court to appoint an
7	attorney for you: I have Already made along a staller
8	by closing the case before findings were substitute
9	ATTUR I READ A PAMPLEL GIVEN to me by the
10	DOFGE.H, I don't wan't to make anymone so as
11	DOFOE.H I don't wan't to make anymore so as to Respectfully mot waste the courts time AND HORT TO RECTIFY the MATTER.
12	7. Give the name and address of each attorney who has represented you in the last 10 years
13	for any purpose: MA
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19	(Attach additional sheets as needed)
20	8. I cannot afford to obtain a private attorney. The details of my financial situation are listed
21	below:
22	A. <u>Employment</u>
23	Are you employed now? yes no am self-employed
24	Name and address of employer:
25	
26	
27	
28	

*	
1	If employed, how much do you earn per month?
2	If not employed, give month and year of last employment:
3	How much did you earn per month in your last employment?
4	If married, is your spouse employed? yes no
5	If "YES," how much does your spouse earn per month?/
6	If you are a minor under age 21, what is your parents' or guardians' approximate monthly
7	income?
8	
9	B. Assets
10	(i) Other Income
11	Have you received within the past 12 months any income from a business, profession or other
12	form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity
13	payments or other sources? yes no
14	If "YES," give the amount received and identify the sources:
15	\$ Received Source
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8	(Attach additional sheets as necessary)
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1	(ii) <u>Cash</u>
2	Have you any cash on hand or money in savings or checking accounts? yes no
3	If "YES," state total amount: \$\\\\ \psi \) 55,00
4	(iii) Property
5	
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property
6	(excluding ordinary household furnishings and clothing)? yes no
7	If "YES," give value and describe it:
8	<u>Value</u> <u>Description</u>
9	
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15	C. Obligations and Debts
16	(i) <u>Dependents</u>
17	Your marital state is: single married widowed, separated or divorced.
8	Your total number of dependents is:
9	
20	List those person you actually support, your relationship to them, and your monthly
- 11	contribution to their support:
21	Name/Relationship Monthly Support Payment
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]	(ii) <u>Debts and Monthly Bills</u>
2	List all creditors, including banks, loan companies and charge accounts, etc.
3	Creditor Total Debt Monthly Payment
4	Rent: NA
5	Mortgage
6	
	on Home:
7	Others:
8	
9	
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15	9. Signature
16	I declare under penalty of perjury that the above is true and correct.
17	1 202000
18	Dated: Jon 28, 2008
19	Carl a, Bensn
20	Signature
21	(Notarization is not required)
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